

PTO/SB/01 (03-03)

Approved for use through 04/30/2003, OMB 0851-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☒ Declaration
Submitted
With Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

RELIA.P-113

First Named Inventor

Dr. Manisha Deshpande

COMPLETE IF KNOWN

Application Number

New Application

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TISSUE-LIKE ORGANIZATION OF CELLS AND MACROSCOPIC TISSUE-LIKE
CONSTRUCTS, GENERATED BY MACROMASS CULTURE OF CELLS, AND THE
METHOD OF MACROMASS CULTURE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY): (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
912/MUM/2002	India	18th Oct. 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.10 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.

To : Mr.J.Harold Nissen

Fax No : 001 914 723 4301

From : Ms.Purnima Malkani

Page 1 of 6

PTO/SB/01105-031

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		30294		OR <input type="checkbox"/> Correspondence address below	
Name J. Harold Nissen Lackebach Siegel LLP					
Address One Chase Road					
City Scarsdale		State NY		ZIP 10583	
Country USA		Telephone 914-723-4300		Fax 914-723-4301	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Manisha Sharadchandra				Family Name or Surname Deshpande	
Inventor's Signature <i>Manisha Sharadchandra</i>				Date 10-16-2003	
Residence: City Maharashtra		State India		Country India	
Citizenship India					
Mailing Address Flat No. 104, New Sarvodaya CHS, Plot 29/B, Sector 4 Vashi, Navi Mumbai - 400 703, Maharashtra, India					
City Maharashtra		State India		ZIP 400 703	
Country India					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Manoj Vinoy				Family Name or Surname Mojamdar	
Inventor's Signature <i>M. Mojamdar</i>				Date 10-16-2003	
Residence: City Maharashtra		State India		Country India	
Citizenship India					
Mailing Address Flat No. 102, 'A' Wing, Naperol Towers, R.A. Kidwai Marg, Wadala, Mumbai - 400 031, Maharashtra, India					
City Maharashtra		State India		ZIP 400 031	
Country India					
<input type="checkbox"/> Additional inventions or a legal representative are being named on the supplemental sheet(s) PTO/SB/32A or D2LR attached hereto.					

(Page 2 of 2)

To : Mr.J.Harold Nissen

Fax No : 001 914 723 4301

From : Ms.Purnima Malkani

Page 2 of 6

PTO/SB/81 (09-03)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	New Application
Filing Date	
First Named Inventor	Dr. Manisha Deshpande
Title	Tissue-like organization of cells.
Art Unit	
Examiner Name	
Attorney Docket Number	RELIA.P-113

I hereby appoint:

☒ Practitioners associated with the Customer Number.

30294

AND

☒ Practitioner(s) named below:

Name	Registration Number
J. Harold Nissen	17,283

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number.

OR

☒ Firm or Individual Name J. Harold Nissen

Address Lackenbach Siegel LLP

Address One Chase Road

City Scarsdale

State

NY

Zip

10583

Country USA

Telephone 914-723-4300

Fax

914-723-4301

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Name	Dr. Manisha Deshpande
Signature	<i>Manisha Deshpande</i>
Date	10-16-2003
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9139 and select option 2.

To : Mr. J. Harold Nissen

Fax No: 001 914 723 4301

TOTAL P. 04

From : Ms. Purnima Malkani

Page 3 of 6

PTO/SB/01A (10-01)

Approved for use through 10/31/2002, OMB 0501-0002
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**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN
APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention: Tissue-like organization of cells and macroscopic tissue-like constructs, generated by macromass culture of cells, and the method of macromass culture

As the below named inventor(s), I/we declare that: method of macromass culture

This declaration is directed to:

- ☒ The attached application, or
☐ Application No. _____, filed on _____,
☐ as amended on _____ (If applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, (including the claims, as amended by any amendment specifically referred to above);

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR(S)

Inventor one: Dr. Manisha Sharadchandra Deshpande

Signature: *Manisha Deshpande* Citizen of: India

Inventor two: Dr. Manoj Vinoy Mojamdar

Signature: *Manoj Mojamdar* Citizen of: India

Inventor three: _____

Signature: _____ Citizen of: _____

Inventor four: _____

Signature: _____ Citizen of: _____

☐ Additional inventors are being named on _____ additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is used by the public to file (and the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Page 4 of 6